

## **Exhibit “H”**



Peter E. Rosa, Staff Attorney  
965 Great Plain Avenue  
Needham, MA 02492  
Mail Code: MA1-CBO-0683  
Phone: 781-433-6763  
Fax: 484-338-2859  
prosa@soverignbank.com

**BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED**  
**Receipt Number: 7006 0810 0001 5793 7213**

February 12, 2010

Lance S. McDougle, President  
Aircraft Sales Group, Inc.  
2161 CR 540A, #285  
Lakeland, FL 33813

**Re: Indebtedness of Aircraft Sales Group, Inc. (the "Borrower") and Lance S. McDougle (the "Guarantor," and together with the Borrower, the "Obligors") to Sovereign Bank (the "Bank")**

Dear Mr. McDougle:

Responsibility for the loan arrangements between the Bank and the Borrower has been transferred. All communications from the Borrower and/or Guarantor to the Bank are to be addressed to Milton Walker, until further written notice from the Bank.

Reference is made to that certain Aircraft Promissory Note in the original principal amount of \$160,900.00, by the Borrower in favor of the Bank and dated October 14, 2004 (the "Note"). The Borrower is in default of its obligations to the Bank in that the Borrower has failed to pay the Note when due. As a result of the Borrower's default, the Bank has elected to require the immediate payment of the Note, in full.

As of February 11, 2010, the indebtedness immediately due and owing to the Bank on account of the Note is \$138,849.54, and interest continues to accrue on the principal balance, at current rates, in the amount of \$22.99 per day. Demand is hereby made upon each of the Obligors for the immediate payment in full of all amounts due and which may become due under the Note.

The balance due under the Note may increase or decrease due to payments, the application of collateral proceeds, and the accrual of interest, late charges, costs of collection and any other fees, costs and expenses. Therefore, immediately prior to remitting payment, please contact Milton Walker, Vice President at 410-638-6261 to obtain final payoff amounts and remittance instructions.

The Bank reserves all rights and remedies available to it under the Note and under any and all other notes, instruments or agreements between the Bank and the Borrower, or applicable law, all of which are expressly hereby reserved. No discussions between the Bank and the Borrower concerning this demand for payment, other loan relationships between the Bank and the Borrower, or any other matter shall imply an agreement on the part of the Bank to waive any of its rights and remedies or to forbear from taking any action authorized by the Note, any and all other loan documents or applicable law, whether or not such discussions may be



continuing. The acceptance of any partial payment of any of the obligations of the Borrower by the Bank shall not be deemed a waiver or limitation of any of the Bank's rights reserved herein as to the full amount of any unpaid balance. Any delay or forbearance by the Bank in the enforcement or pursuit of any of its rights and remedies under the Note or applicable law shall not constitute a waiver thereof, nor shall it be a bar to the exercise of the Bank's rights or remedies at a later date.

Very truly yours,  
Sovereign Bank

A handwritten signature in black ink, appearing to read "Peter E. Rosa".

Peter E. Rosa, Staff Attorney

Copies to:  
Milton Walker, Vice President  
Saraday Yockel, Vice President

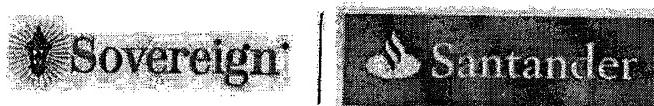
**BY CERTIFIED MAIL, RETURN RECEIPT REQUESTED**

Receipt Number: 7006 0810 0001 5793 7220

Lance S. McDougle  
5705 Summitview Court  
Lakeland, FL 33813

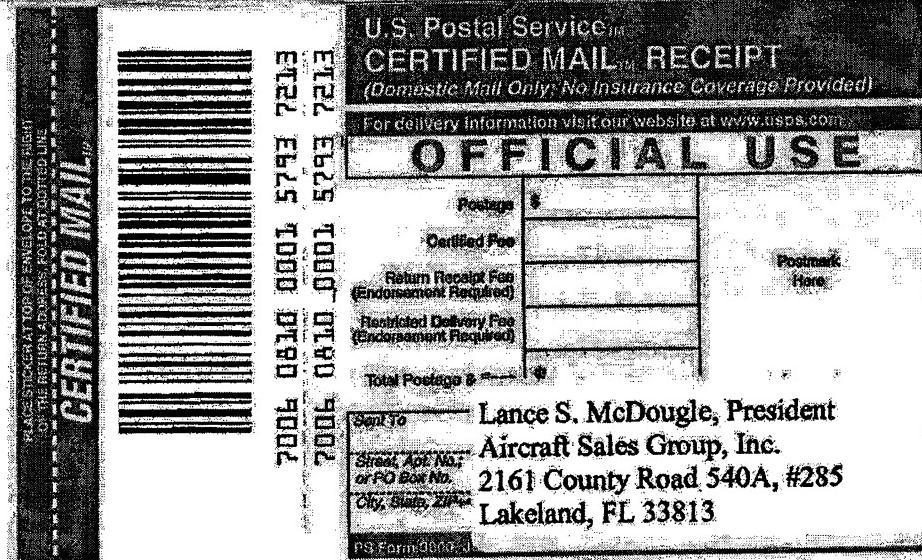
Peter E. Rosa, Staff Attorney  
 Sovereign Bank  
 965 Great Plain Avenue  
 Mail Code: MA1-CBO-0683  
 Needham, MA 02492

Lance S. McDougle, President  
 Aircraft Sales Group, Inc.  
 2161 County Road 540A, #285  
 Lakeland, FL 33813



<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<b>A. Signature</b> <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee  <b>B. Received by / (Printed Name)</b> <input type="checkbox"/> C. Date of Delivery  <b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>1. Article Addressed to:</b>  <b>Lance S. McDougle, President    Aircraft Sales Group, Inc.    2161 County Road 540A, #285    Lakeland, FL 33813</b>		<b>3. Service Type</b> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.  <b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes	
<b>2. Article Number</b> <small>(Transfer from service label)</small>		<b>7006 0810 0001 5793 7213</b>	

PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540



Peter E. Rosa, Staff Attorney  
 Sovereign Bank  
 965 Great Plain Avenue  
 Mail Code: MA1-CBO-0683  
 Needham, MA 02492

Lance S. McDougle  
 5705 Summitview Court  
 Lakeland, FL 33812



<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: _____ <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Lance S. McDougle    5705 Summitview Court    Lakeland, FL 33812</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number  <i>(Transfer from service)</i> _____</p>		<p>7006 0810 0001 5793 7220</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	
		<p>102866-02-M-1640</p>	

